



CITY OF COEUR D'ALENE Building Services

710 E MULLAN AVE COEUR D'ALENE ID 83814 208-769-2267 – 208-769-2237 FAX

PERMIT REFUND REQUEST

Permit Number: _____

Job Address: _____

TYPE: Building Permit Plumbing Permit Mechanical Permit Re-Roof Siding

Other: _____

Refund requests are reviewed case by case. Not all fees are eligible for refund such as plan review and processing fees. The Building Official reviews the refund request and determines the approved refund amount. Once approved, it can take 2-3 weeks to receive a refund check.

Justification for refund: _____

To assist in expediting the refund, please attach a copy of the credit card payment confirmation receipt.

Refund Amount Requesting: \$ _____

Was a company credit card used? Yes No

Company Name

Individual Name (Cardholder Name)

Address (Cardholder Address)

City, State, Zip

APPLICANT INFORMATION:

Name (Please Print)

Signature

E-mail Address

Phone Number

Date

Staff completes below:

Permit Fees Paid: _____

Permit Issued: No Yes Date Issued: _____

Date & Type of Last Inspection: _____ Outstanding Correction: Yes No

Approved: Yes No

Refund Amount Approved: _____

Signature

Date